

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-weight: bold;">10/773 559</div>	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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10/773 559

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Total Indep			4			
Total Depend			47			
Total Claims			51			

* AS FILED							* AFTER FIRST AMENDMENT		* AFTER SECOND AMENDMENT	
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